

MBE/WBE, Blind/Sheltered Workshop, and SDVE Participation Report

This form may be downloaded from the Internet at: <http://oa.mo.gov/sites/default/files/participate.pdf>.

Contractor's Name:

Contractor's Address:

Contractor's City/State/Zip:

Contractor's Vendor Number:

State of Missouri Contract Number:

Description/Title of Service:

I certify that the payments to the participating organizations listed below have been made for the month indicated.

Name of Contractor's Authorized Representative: _____ Title: _____

Signature of Authorized Representative: _____ Date: _____

Fax **OR** Mail **OR** e-mail this report by the 15th of each month to: **(insert buyer name)**

Fax # (573) 526-9816

Address: Div. of Purchasing & Materials Management
P.O. Box 809, Room 630, Truman Building (301 W. High)
Jefferson City, MO 65102

e-mail: _____@oa.mo.gov

Name of MBE ↓	Amount Paid for _____ (Name the Month)
Name of WBE ↓	Amount Paid for _____ (Name the Month)
Name of ORGANIZATION FOR BLIND/SHELTERED WORKSHOP ↓	Amount Paid for _____ (Name the Month)
Name of SDVE ↓	Amount Paid for _____ (Name the Month)